



# GENETIC AND/OR HEALTH TESTING ORDER FORM

2720 W. Pullman Road, Moscow, ID 83843 ♦ (208) 882-5578 ♦ www.appaloosa.com ♦ registration@appaloosa.com

To obtain a Genetic Test kit, please complete the following information and submit to the ApHC:

(DO NOT SEND HAIR SAMPLES TO ApHC)

1. Registered name, number and breed registry
2. If registered with AQHA, JC or AHA, send copy of both sides of the horse's Certificate of Registration
3. Select type of test requested from the list on the bottom of this form.

(Any notification of testing results are mailed to the current recorded owner on file with the ApHC)

**\*If an owner of an ApHC-registered Appaloosa wishes to have HYPP and/or LP test results retained in ApHC records and/or designated on an ApHC Certificate of Registration, the horse must be DNA parentage verified and HYPP and/or LP tested using the same hair sample.**

Horse Name: \_\_\_\_\_

Registration Number: \_\_\_\_\_ Breed Registry: \_\_\_\_\_

*If the horse you are ordering genetic testing for is not registered, please complete the following information:*

Foaling Year: \_\_\_\_\_

Sire's Name: \_\_\_\_\_ Reg. number: \_\_\_\_\_

Dam's Name: \_\_\_\_\_ Reg. number: \_\_\_\_\_

Make checks payable to Appaloosa Horse Club, U.S. funds, drawn on U.S. bank. Applications received without required payment will be assessed an Invoicing Fee. Check the current *Official Handbook of the ApHC* for current fees. (Fees subject to change without notice.)

**SELECT TYPE OF GENETIC TESTING: Refer to *Official Handbook of ApHC* for DNA, LP & HYPP rules. (Notification of test results are mailed to the current recorded owner on file with the ApHC)**

- DNA Parent Verification and HYPP Test kit. \$100  
(Horse's sire and dam must have their DNA on file with ApHC) \*
- DNA Parent Verification with LP (Leopard Complex) testing. \$100  
(Horse's sire and dam must have their DNA on file with ApHC) \*
- DNA Parent Verification Test with HYPP and LP (Leopard Complex) testing. \$150  
(Horse's sire and dam must have their DNA on file with ApHC) \*
- DNA Parent Verification with Health Panel testing. \$175  
(Horse's sire and dam must have their DNA on file with ApHC) \*
- DNA Parent Verification with Health Panel & LP (Leopard Complex) testing \$225  
(Horse's sire and dam must have their DNA on file with ApHC) \*
- DNA Test kit \$60
- HYPP Test kit \* \$50\*
- LP (Leopard Complex) Test \* \$50\*
- Health Panel Testing (includes PSSM1, HERDA, HYPP, MH, GBED & MYHM) \$125\*

**KIT DELIVERY METHOD: Select ONLY ONE Method of Delivery. (Please Print)**

E-mail Address: \_\_\_\_\_

Fax Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Country Code: \_\_\_\_\_

Mail Kit to Address Below: (complete information below if kit is to be mailed)

Name: \_\_\_\_\_ ApHC Membership #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Day Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_

(Notification of testing results will be mailed to the current recorded owner on file with the ApHC)

Written Signature of Recorded Owner of Horse: X\_\_\_\_\_

Printed Name of Recorded Owner: \_\_\_\_\_ ApHC Membership #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Day Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**CREDIT CARD CHARGES: Starting January 1, 2019 Appaloosa Horse Club will implement a credit card surcharge. Applications received without required payment will be assessed an Invoicing Fee.**



Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV #: \_\_\_\_\_  
(PLEASE INCLUDE 16 DIGIT RAISED NUMBERS) (Month) (Year)

Signature of Cardholder: X\_\_\_\_\_

Printed Name of Cardholder: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Day Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**PLEASE CHECK THE TESTS YOU WISH THIS HORSE TO HAVE FROM THE LIST ON THE REVERSE SIDE OF THIS FORM.**